2017 Registration Form
RSVP NO LATER THAN AUGUST 18, 2017

Last          First          MI          Maiden

Name as you would like it to appear on your name tag

Degree(s), Graduation Year

Home Phone/Cell Number
E-mail Address

Please Indicate:
- ☐ 25th Reunion Graduate
- ☐ 50th Reunion Graduate
- ☐ Other Year ____________________
- ☐ Check here if this is an information update

What Program(s) Were You In:

Name of Guest (Please include in totals below)

Activities

<table>
<thead>
<tr>
<th>Saturday, Sept. 23, 2017</th>
<th>Time</th>
<th>Number Attending</th>
<th>Per Person</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alumni Weekend Banquet &amp; Program</td>
<td>6:00 p.m.</td>
<td></td>
<td>$30.00</td>
<td></td>
</tr>
<tr>
<td>CityView Celebrations at Trimble Pointe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check-In/Cash Bar - CityView Celebrations</td>
<td>5:00 p.m.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2017 Designated Gifts

- ☐ Student Scholarships
- ☐ $500
- ☐ $250
- ☐ $100
- ☐ Other__________________

Grand Total $

Make check payable to:
Trinity Alumni Association - 2122 25th Avenue Rock Island, IL 61201

Questions? Please call (309) 779-7720 or e-mail lenore.knock@trinitycollegeqc.edu